2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 06, 2012
Secretary of State

DOCUMENT# L11000002947

Entity Name: DR. LEONOR SANTOS M.D. GASTROENTEROLOGY, LLC

Current Principal Place of Business:

255 CITRUS TOWER BLVD. SUITE 202
CLERMONT, FL 34711

New Principal Place of Business:

255 CITRUS TOWER BLVD.
SUITE 202
CLERMONT, FL 34711

Current Mailing Address:

255 CITRUS TOWER BLVD. SUITE 202
CLERMONT, FL 34711

New Mailing Address:

255 CITRUS TOWER BLVD.
SUITE 202
CLERMONT, FL 34711

FEI Number: 27-4494572 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANTOS, DR. LEONOR M.D
255 CITRUS TOWER BLVD. SUITE 202
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

SANTOS, DR. LEONOR M.D
255 CITRUS TOWER BLVD.
SUITE 202
CLERMONT, FL 34711 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: 01/06/2012

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: SANTOS, DR. LEONOR M.D.
Address: 255 CITRUS TOWER BLVD. SUITE 202
City-St-Zip: CLERMONT, FL 34711

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statues.

SIGNATURE: LEONOR SANTOS DR. 01/06/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date